

**CITY OF FAIRFIELD - BUILDING DIVISION**  
**FAX INSPECTION REQUEST FORM**  
(Must Be Legibly Printed)

**FAX #(707) 428-7324**

**MUST BE RECEIVED BEFORE 3:00 PM**  
**TO RECEIVE INSPECTION THE NEXT DAY**

**DATE OF INSPECTION:**\_\_\_\_\_ **CONTACT PERSON:**\_\_\_\_\_

**TIME OF INSPECTION:** A.M.(    ) or P.M. (    ) **CONTACT'S PHONE #:**\_\_\_\_\_

**JOB SITE**\_\_\_\_\_

| BUILDING PERMIT# | LOT # | TYPE OF INSPECTION |
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